

SENECA - CAYUGA NATION

Tribal Scholarship Application

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APPLICATIONS DUE DATES:

Fall Semester-July 15

Spring Semester-November 15

Summer Semester-April 15

Applicant: _____ DOB: _____ M: ____ F: ____
Roll #: _____ SS# _____ Student ID _____
Phone: _____ Alt #: _____ E-mail: _____
Address: _____ City: _____ State: _____ Zip: _____
Name of School: _____
Address: _____ City: _____ State: _____ Zip: _____
College Major: _____ Expected Graduation Date: _____
Application is for: Fall (year): _____ spring (year): _____ summer (year): _____
Expected Degree: Associate: _____ Bachelor: _____ Masters: _____ other: _____
Indicate Student classification during this semester:
Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate Student _____
Please specify amounts/length for the following
Enrolled in: ____ College Credits ____ Clock Hours Training ____ Weeks/Months Training
Have you received a Tribal Grant before? ____ Yes ____ No If yes, what years? _____
Number of Semester Hours earned: _____ Quarter Hours: _____ Funded: _____

STATEMENT OF UNDERSTANDING

All information provided on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information I have provided on this form. I agree to notify the Seneca-Cayuga Nation Education Department of any change in the above information.

I have read and understand the Seneca-Cayuga Nation Guidelines for the Tribal Scholarship program and agree to comply with all stated requirements.

Applicant/Student Signature

Date

PREMISSION FOR RELEASE OF INFORMATION

I, the undersigned student at this University/College/Vo-Tech/Trade School do hereby give my permission for the release of academic information to the Seneca-Cayuga Nation Education Department for Tribal Scholarship program. This shall include, but limited to; enrollment status, grade reports, student classification and number of hours completed and enrolled.

Applicant/Student Signature

Date